POSITION	INITIALS	ID NO.	DATE
	4		*2 8'4c c'*
FEE DETERMINATION		*2'*	*2/29/0*
O.I.P.E. CLASSIFIER		*564*	
FORMALITY REVIEW	*BH*		*4/24/0*
RESPONSE FORMALITY REVIEW	M.D	625	11-26-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

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If more than 150 claims or 10 actions
staple additional sheet here

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